

Effective December 29, 1999

Application or Docket Number



_							7 1 2				
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL TYPE	SMALL ENTITY TYPE OR		OTHER THAN SMALL ENTITY		
FOR		NUMB	ER FILED	FILED NUMBER EX		RATE	FEE]	RATE	FEE	
BA	SIC FEE				Service services	: 1gi s	345.00	OR		690.00	
TC	TAL CLAIMS	. 10	3 minus	20= *		X\$ 9=		OR	X\$18=	1494	
INC	DEPENDENT CL	_AIMS	() minus	3 = *	٠ .	X39=		OR	X78=	mu	
MULTIPLE DEPENDENT CLAIM PRESENT							<u> </u>	1 1		wai	
* If the difference in column 1 is less than zero, enter "0" in column 2						+130= TOTAL		OR	+260=	/ - Ø/03	
								OR	TOTAL	1/808	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						SMALL	SMALL ENTITY OR		OTHER THAN SMALL ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	** .	=	X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	=	X39=		OR	X78=		
_	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDENT CLAIM		400				· · · · · ·	
						+130=		OR	+260=		
						TOTAL ADDIT. FEE	٠.	OR	TOTAL ADDIT. FEE		
		(Column 1)		(Column 2)	(Column 3)				·,		
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus .	**	=	X\$ 9=	- 	OR	X\$18=		
	Independent	*	Minus	***	=	X39=			X78=		
٧	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDENT CLAIM		700-		OR	7/0_		
	,					+130=		OR,	+260=		
						TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1) CLAIMS		(Column 2)	(Column 3)		•				
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	=	X39=			X78=	·	
⋖	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDENT CLAIM				OR	A/6=		
* 1	f the entry in colu	mn 1 is lose than t	ho ontre in only	Imp 2 write "0" in	Jump 2	+130=		OR	+260=		
***	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										